

ORS✓

REQUEST FOR SUSPENSION FORM (ORS Rev 3-2-10)

246231

File the original with:

Public Service Commission of South Carolina
Clerk's Office
Motor Carrier Matters
P.O. Box 11649
Columbia, S.C. 29211
(803) 896 - 5100
FAX (803) 896-5199

Posted
9-13-13
@ 8:50 am

Mail or fax a copy to:

S.C. Office of Regulatory Staff
Transportation Department
1401 Main Street, Suite 900
Columbia, S.C. 29201
(803) 737-0578
FAX (803) 737-0815

DATE: 9/13/13

2010-193-T

Please consider this as my Request for **Suspension** of:

- ☐ Class C Taxi Certificate Number _____
- ☐ Class C Charter Certificate Number _____
- ☐ Class C Charter Bus Certificate Number _____
- ☒ Non-Emergency Certificate Number 8303
- ☐ Class E Household Goods Certificate Number _____
- ☐ Class E Hazardous Wastes Certificate Number _____

I request that my certificate be suspended until 9/13/14

Date: (XX/XX/XXXX)

RECEIVED
SEP 13 2013
PSC SC
CLERK'S OFFICE

Midlands Transportation Service LLC
(Name of Company)

D/B/A _____
(if applicable)

3120A Bellline Blvd.
(Street and or Mailing Address)

Columbia SC 29204
(City, State, Zip Code)

803-543-8900
(Telephone Number)

[Signature]
(Signature and Title, i.e., President, Owner)

Pursuant to Regulation 103-164 applications are to state clearly and concisely the justification for the proposed suspension of service.

Reason for Request for Suspension of Operations:

Currently no trips to operate business.